



# COMMUNITY DEVELOPMENT BLOCK GRANT HOUSING REHABILITATION PROGRAM

## CONTRACTOR APPLICATION

Copies of your Scottsdale Privilege Tax License, Registrar of Contractor's License and Worker's Compensation Insurance shall accompany this application. Please request a copy of your Certificate of Liability Insurance and Bonding to be submitted by your insurance agent.

Date:

Business Name:	Owner/Representative:
Address: (Number) (Street)	(City) (State) (Zip)
Business Phone:	Business Fax: Other:

Federal I.D. #:	Social Security #:
Scottsdale Privilege Tax #:	Expiration Date:
Registrar of Contractors #:	Expiration Date:

Do you have a General Contractors License in the State of Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you been in the contracting business? Years: Months:
How long have you been licensed in the State of Arizona? Years: Months:
Approximately how many jobs have you completed as a General Contractor? <input type="checkbox"/> 0-25 <input type="checkbox"/> 25-75 <input type="checkbox"/> 75-125 <input type="checkbox"/> 125-175 <input type="checkbox"/> 175 +
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is "Yes," please explain:
Are you registered with a MBE, WBE, DBE program? <input type="checkbox"/> Yes <input type="checkbox"/> No If your answer is "Yes," please submit a copy of your certification.
Please check the type(s) of construction you have performed in the last year. <input type="checkbox"/> Residential Remodeling <input type="checkbox"/> New Construction Residential <input type="checkbox"/> New Construction Commercial  <input type="checkbox"/> Major Construction (please specify) <input type="checkbox"/> Lead Abatement

Please list two major suppliers from whom you purchase most of your supplies:	
1.	(Phone)
2.	(Phone)
Please list two financial institutions (banks, credit unions) with whom you have established credit:	
1.	(Phone)
2.	(Phone)

Please list the names and addresses of the last three clients for whom you have completed work:				
Name:	Street:	City:	State:	Zip:
Phone:				
Name:	Street:	City:	State:	Zip:
Phone:				
Name:	Street:	City:	State:	Zip:
Phone:				

Please list the names of other Cities in which you have currently completed work:				
Name:	Street:	City:	State:	Zip:
Phone:				
Name:	Street:	City:	State:	Zip:
Phone:				
Name:	Street:	City:	State:	Zip:
Phone:				

What is the smallest/value job you have completed? \$
What is the largest/value job you have completed? \$

How many employees do you employ?
Have you ever worked for the Department of Housing and Urban Development (HUD)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes," when and where?
Have you ever been employed by the City of Scottsdale? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes," when and what department?
How did you hear about the Housing Rehabilitation Program? <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (please specify)

Please complete the following ethnic information, gathered by HUD for statistical purposes only: (please check one)				
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/ Pacific Islander

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT ALL INFORMATION GIVEN  
HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

- \* Contractor License Class \_\_\_\_\_ and bond are current, and the undersigned contractor agrees to maintain in current status all licenses and bonds as required by the City of Scottsdale.
- \* That the work will be performed in accordance with the contract documents, specifications and property rehabilitation standards, subject to clear final inspection by the Housing Rehabilitation Coordinator and approval by the homeowner.
- \* Contractor shall warranty all work completed for a period of two years from the completion date of the project.
- \* That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor's name from the approved list, with such accompanying publicity as it deems necessary.
- \* The Housing Rehabilitation Program reserves the right to exclude any contractor from bidding who has entered into liquidated damages on a project, has any pending, unresolved, or valid complaints with the Arizona Registrar of Contractors or has not maintained required warranty obligations on completed projects.
- \* Adequate Liability Insurance and Worker's Compensation shall be provided.
- \* The contractor will abide the U.S. Department of Housing and Urban Development regulations pertaining to equal employment opportunity.
- \* The work shall be done in conformance with all applicable local, state and federal regulations, building codes and zoning regulations.
- \* Lead-based paint related activities shall be completed by an EPA licensed lead contractor.

By signing this document, I acknowledge that I have read, understood and accept the provisions of this application. I further certify that I have received a copy of The Contractor Guidelines, The General Conditions and Bid Instructions.

Contractor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Please return form to: Justin Boyd, Housing Rehab Specialist, Community Assistance Office  
7515 E. 1<sup>st</sup> Street, Scottsdale, AZ 85251*